MAINE DEPARTMENT OF LABOR

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER # 1



Name **UC Employer Account No: Federal Employer ID No: Address** 01 01 2015 - 03 31 2015 **Period Covered:** File On or Before: 04 30 2015 City State **ZIP Code** See page 6 for electronic filing and payment requirements and options 1st Month 2nd Month 3rd Month 1. For each month, enter the total of all full-time employees who worked during, or received pay reportable for unemployment insurance purposes for, the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0)......1. Number of female employees included on line 1. If none, enter zero (0)2. Total unemployment compensation gross wages paid this quarter NOTE: THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE 6a UC contribution rate . UC contributions due (line 5 times line 6a) 6b. \$ 7a. CSSF rate .0006 CSSF Assessment (line 5 times line 7a)7b. \$ Note: The CSSF assessment does not apply to direct reimbursable employers. See instructions. Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct. Signature: Date: Telephone: Contact Person Email: Print Name: For Paid Preparers Only Paid Preparer's Signature: Telephone: Date: Firm's Name (or yours, if self-employed): Paid Preparer EIN: Maine Payroll Processor Address:

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Maine Revenue Services processes returns on behalf of the
Maine Department of Labor
If enclosing a check, make check payable to:
If not enclosing a check,

Tenciosing a check, make check payable Treasurer, State of Maine and MAIL WITH RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1065

AUGUSTA, ME 04332-1065

MAIL RETURN TO:

MAINE REVENUE SERVICES

P.O. BOX 1064 AUGUSTA, ME 04332-1064

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SCHEDULE 2 (FORM ME UC-1) 201	5							9
Name:				 	 	 102*		
UC Employer Account No.:								
Federal Employer ID No:	Period Covere	ed: 01	01	2015 -	03	31	2015	
<u>Unemployme</u>	nt Contributions Wag	es Lis	sting	ı				
				ll employers o	_			У

Account No	
Federal Employer ID No:	Period Covered: 01 01 2015 - 03 31 2015
	Unemployment Contributions Wages Listing
	All employers designated SEASONAL by the Maine Department of Labor. See
44 David Name (Last First MI)	instructions for column 13 on page 5.
11. Payee Name (Last, First, MI)	12. Social Security Number 13. UC Gross Wages Paid
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C.	
d.	
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UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER# 2



1506400

Name	UC Employe	Employer Account No:								
			Federal Emp	oloyer ID	No:					
Address			Period Co	04 01	2015	- 06	30 2015			
			File On or					30 2013		
City	State See page 6 for	ZIP Code electronic filing ar								
For each month, enter the tot reportable for unemployment of each month. If you had no	insurance purposes for, the p	payroll period which in	cludes the 12th		st Month	2nd Mo	onth .	3rd Month		
Number of female employees	s included on line 1. If none,	enter zero (0)		2.						
Total unemployment compen (from schedule 2, line 15)		•		3. \$						
4. EXCESS WAGES (SEE INST				4. \$						
5. Taxable wages paid in this qu	uarter (line 3 minus line 4)			5. \$						
6a. UC contribution rate •	UC contrib	outions due (line 5 time	es line 6a)6	b. \$						
7a. CSSF rate .0006 Note: The CSSF assessment do		ent (line 5 times line 7 bursable employers		b. \$						
8. Total contributions and CSSF	assessment due (line 6b plu	s line 7b)		8. \$						
Under penalties of perjury	, I certify that the inform	ation contained o	n this return, rep	ort and att	achment(s) is true an	d correct			
Signature:					Dat	e:				
Print Name:		Telephone:		Contac	t Person Em	ail:				
	For Paid Preparers Only									
Paid Preparer's Signature:			Date:		Telephon	е:				
Firm's Name (or yours, if self-employed):			Р	aid Preparer	EIN:					
Address:				Maine Payr License Nu	roll Processo mber:					

2D Bar Code space

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If enclosing a check, make check payable to:

<u>Treasurer, State of Maine</u>

and MAIL WITH RETURN TO:

MAINE REVENUE SERVICES
P.O. BOX 1065

AUGUSTA, ME 04332-1065

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064

MAIL RETURN TO:

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SCHEDULE 2	(FORM ME	UC-1)	2015
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Name:



Account No.:		
Federal Employer ID No:	Period Covered: 04 0	1 2015 - 06 30 2015
	Unemployment Contributions Wages Listin	ng
11. Payee Name (Last, First, MI)		All employers designated SEASONAL by the Maine Department of Labor. See instructions for column 13 on page 5. 13. UC Gross Wages Paid
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2015



UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER# 3



1506400

Name		UC Employer Account No:							
		Federal Employer ID	No:						
Address		Period Covered:		2015 - 09	30 2015				
City	State ZIP Code	File On or Before:	11 02	2015					
See	page 6 for electronic filing an		•						
For each month, enter the total of all full-time reportable for unemployment insurance purp of each month. If you had no employment in	oses for, the payroll period which in	received pay	st Month	2nd Month	3rd Month				
2. Number of female employees included on lin	e 1. If none, enter zero (0)	2.							
Total unemployment compensation gross wa (from schedule 2, line 15)	•	3. \$							
4. EXCESS WAGES (SEE INSTRUCTIONS) NOTE: THE TAXABLE WAGE BASE IS \$12		4. \$			н				
5. Taxable wages paid in this quarter (line 3 min	nus line 4)	5. \$							
6a. UC contribution rate	UC contributions due (line 5 time	s line 6a)6b. \$							
7a. CSSF rate .0006 CS	SF Assessment (line 5 times line 7a	a)7b. \$							
Note: The CSSF assessment does not apply t	o direct reimbursable employers.	See instructions.							
Total contributions and CSSF assessment du	ue (line 6b plus line 7b)	8. \$							
Under penalties of perjury, I certify that	the information contained of	n this return, report and at	tachment(s)	is true and correc	t.				
Signature:			Date:						
Print Name:	Telephone:	Contac	ct Person Email	l:					
	For Paid P	reparers Only							
Paid Preparer's Signature:		Date:	Telephone:						
Firm's Name (or yours, if self-employed):		Paid Prepare	r EIN:						
Address:		Maine Payı License Nu	roll Processor imber:						

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AUGUSTA, ME 04332-1065

MAIL RETURN TO:

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064

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SCHEDULE 2	(FORM ME	UC-1)	2015
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Name:



UC Employer Account No.:	1300102										
Federal Employer ID No:	Period Covered: 07 01 2015 - 09 30 2015										
	Unemployment Contributions Wages Listing										
All employers designated SEASONAL by the Maine Department of Labor. See instructions for column 13 on page 5.											
11. Payee Name (Last, First, MI)	12. Social Security Number 13. UC Gross Wages Paid	•									
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UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER #4



1506400

Name						oyer Ac	cour	nt No:					
					Federal E	mploye	er ID	No:					
	Address					Covere				2015 2016	- 12	31	2015
C	City	See	State	ZIP Code electronic filing a									
1.	For each month, enter the reportable for unemployme of each month. If you had	total of all full-time ent insurance purpo	employees woses for, the p	ho worked during, of ayroll period which	or received pay includes the 12th			st Mont		2nd M	onth	3rd	<u>Month</u>
2.	Number of female employe	ees included on line	e 1. If none, e	enter zero (0)		2.							
3.	Total unemployment comp (from schedule 2, line 15).	, i	•	•		3. \$	\$						
4.	EXCESS WAGES (SEE IN NOTE: THE TAXABLE W.					4. \$	\$						
5.	Taxable wages paid in this	quarter (line 3 min	us line 4)			5. \$	\$						
6a.	UC contribution rate .		UC contribu	utions due (line 5 tir	nes line 6a)	6b. \$	5						
	CSSF rate .0006 te: The CSSF assessment			nt (line 5 times line oursable employer			\$						
8.	Total contributions and CS	SF assessment du	e (line 6b plus	s line 7b)		8. \$	5						
U	Inder penalties of perju	ıry, I certify that	the informa	ation contained	on this return,	report ar	nd att	achme	ent(s)	is true ar	d correc	et.	
Si	gnature:								Date:				
Pr	int Name:			Telephone:		C	Contac	t Perso	n Emai	l:			
	For Paid Preparers Only												
Pa	id Preparer's Signature:				Date:			Tele	phone:				
	m's Name (or yours, if lf-employed):					Paid Pro	eparer	r EIN:					
Ad	dress:					Maine Licen	e Payr ise Nu	oll Proc mber:	essor				

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If not enclosing a check,

Treasurer, State of Maine

MAIL RETURN TO:

Treasurer, State of Maine and MAIL WITH RETURN TO: MAINE REVENUE SERVICES P.O. BOX 1065 AUGUSTA, ME 04332-1065

MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064

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SCHEDULE 2	(FORM ME	UC-1)	2015
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Name:



UC Employer Account No.:		1500402							
Federal Employer ID No:	Period Covered: 10 0	1 2015 - 12 31 2015							
	Unemployment Contributions Wages Listing								
	All employers designated SEASONAL by the Maine Department of Labor. See								
11. Payee Name (Last, First, MI)	12. Social Security Number	instructions for column 13 on page 5. 13. UC Gross Wages Paid							
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MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation 47C State House Station Augusta, ME 04333-0047

AUTHORIZATION TO CORRECT WAGES

Maine Employer Account Number Employer's Name and Address								
Aut	thorization is hereby mad	le for an a	adjustment to the accou	int for the following	ng reasons	:		
Qu	arter Ending			(A separate form m	nust be subr	nitted for each qua	rter.)	
	Item		A. Amount Reported	B. Corrected Amount		C. Difference	Contributions Rate	
1.	Total Wages		\$	\$	\$ \$		Trate	
2.	Wages in Excess of \$12 Per Employee	2,000	\$	\$	\$		%	
3.	Taxable Wages		\$	\$	\$		CSSF Rate:	
4.	Contributions Tax		\$	\$	\$.05% for 2008-2009	
5.	CSSF ¹ Tax		\$	\$	\$.06% for 2010- to	
6.	Total Overpayment	\$		(Do not r	educe futur	e tax liabilities by t	current year	
	Total Underpayment	\$	raft as o	f		ent with this report.		
	>>> MAKE CH	IECK OF	MONEY ORDER PAY	ABLE TO TREAS	SURER, S	TATE OF MAINE	<<<	
		U ₈ .	INDIVIDUAL EMPLOY	EE WAGE CORF	RECTIONS	3		
Employee's Social Security Number				Originally Reported		Corre	Corrected Amounts	
			Name of Employee	Nonseasonal (T)	Seasonal (P)	Nonseasonal (T)	Seasonal (P)	
		_						
		-		+			-	
		-						
Date Signa		ture	Title		Telephone	Telephone		
		•				•		
	Contact a	Wage Re	QUESTIONS ABout cord Representative at			: (207) 287-3733	3	